

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	8-2001
FORMALITY REVIEW	TA	361113	9-17-01
RESPONSE FORMALITY REVIEW	CL	1109	12-12-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	
3	
4	
5	
6	
7	0
8	✓
9	✓
10	0
11	0
12	0
13	0
14	0
15	0
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	0
23	✓
24	✓
25	✓
26	✓
27	✓
28	0
29	0
30	0
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	0
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	0
46	✓
47	✓
48	✓
49	0
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	0
61	0
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Claim	Date
Final Original	
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Best Available Copy

If more than 150 claims or 10 actions
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861
12-14-01
361117
9-18-01